Date

## "FEE ADDRESS" INDICATION FORM

Address to: Assistant Commissioner for Patents Box M. Fee Washington, D.C. 20231 Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address: Customer Number | 51,472 Place Customer Number Bar Type Customer Number here Code Label here OR Request for Customer Number (PTO/SB/125) attached hereto OR Firm or Individual Name Address Address City ZIP State Country Telephone Fax in the following listed application(s) for which the Issue Fee has been paid or patent(s). PATENT NUMBER APPLICATION NUMBER (if known) 10/771,532 (BU2919) Filed 02/04/2004 /Bruce E. Garlick, 36,520/ (check one) Signature □ Applicant/Inventor Bruce E. Garlick Assignee of record of the entire interest Typed or printed name (512) 264-8816 Attorney or agent of record 36,520 Customer's telephone number (Reg. No.) 08/27/2007 Assignment recorded at Reel Frame

Burden Hour Statement: This form is estimated to take 0.08 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.